

STATE OF COLORADO
Department of State

1700 Broadway, Suite 270
Denver, CO 80290



Gigi Dennis
Secretary of State

Holly Lowder
Director, Elections

Attn: Janice Ward
County Clerk and Recorder

COUNTY: MESA

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2006 Primary Election.. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

<u>Make/Model</u>	<u>Type</u>	<u>Use:</u>	<u>Serial #</u>	<u>Race Name to Audit:</u>	<u>Machine Count:</u>	<u>Manual/Hand Count:</u>	<u>Canvass Board Initials</u>
650	Scanner	Central Count	7012	Rep. Regent of University of Colorado at Large - Davidson	168	168	DW, SP
650	Scanner	Central Count	7012	Rep. County Assessor - Brewer	152	152	DW, SP
650	Scanner	Central Count	7012	Rep. County Assessor - VonBurg	69	69	DW, SP
iVotronic	DRE	Vote Center	V5119327	Dem. State Senate Dist 7 - Barker	1	1	DW, SP
iVotronic	DRE	Vote Center	V5119327	Dem. Governor - Ritter	1	1	DW, SP
iVotronic	DRE	Vote Center	V5120810	Dem. Governor - Ritter	6	6	DW, SP
iVotronic	DRE	Vote Center	V5120810	Dem. State Senate Dist 7 - Barker	6	6	DW, SP
iVotronic	DRE	Vote Center	V5138379	Dem. State Senate Dist 7 - Barker	9	9	DW, SP
iVotronic	DRE	Vote Center	V5138379	Dem. Governor - Ritter	8	8	DW, SP

For Internal Use Only

Phone Number: _____

E-mailed by (name): _____

Email Date and Time: _____

Email Address: _____

(Attach copy of E-mail)

Faxed by (name): _____

Faxed Date and Time: _____

Fax Number: _____

(Attach copy of fax confirmation)

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iVotronic	DRE	Vote Center	V5144227	Rep. State Treasurer - Hillman	10	10	DW, SP
iVotronic	DRE	Vote Center	V5144227	Dem. Governor - Ritter	1	1	DW, SP
iVotronic	DRE	Early	V5163506	Rep. State Senate Dist 7 - Smith	59	59	DW, SP
iVotronic	DRE	Early	V5163506	Rep. State Senate Dist 7 - Penry	155	155	DW, SP
iVotronic	DRE	Early	V5163506	Dem. Regent of University of Colorado Dist. 3 - Hakanson	40	40	DW, SP
iVotronic	DRE	Vote Center	V5163517	Dem. State Senate Dist 7 - Barker	9	9	DW, SP
iVotronic	DRE	Vote Center	V5163517	Dem. Governor - Ritter	7	7	DW, SP
iVotronic	DRE	Vote Center	V5163818	Dem. State Senate Dist 7 - Barker	7	7	DW, SP
iVotronic	DRE	Vote Center	V5163818	Dem. Governor - Ritter	7	7	DW, SP
iVotronic	DRE	Vote Center	V5171708	Dem. Governor - Ritter	2	2	DW, SP
iVotronic	DRE	Vote Center	V5171708	Dem. State Senate Dist 7 - Barker	2	2	DW, SP
iVotronic	DRE	Vote Center	V5171734	Dem. Governor - Ritter	6	6	DW, SP
iVotronic	DRE	Vote Center	V5171734	Dem. State Senate Dist 7 - Barker	4	4	DW, SP
iVotronic	DRE	Vote Center	V5172085	Dem. Governor - Ritter	3	3	DW, SP

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Phone Number: _____

E-mailed by (name): _____

Email Date and Time: _____

Email Address: _____

(Attach copy of E-mail)

Faxed by (name): _____

Faxed Date and Time: _____

Fax Number: _____

(Attach copy of fax confirmation)

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iVotronic	DRE	Vote Center	V5172085	Dem. State Senate Dist 7 - Barker	3	3	DW, SP
iVotronic	DRE	Vote Center	V5172382	Dem. Governor - Ritter	5	5	DW, SP
iVotronic	DRE	Vote Center	V5172382	Dem. State Senate Dist 7 - Barker	5	5	DW, SP

NOTE: If the RACES selected were not counted on that device or do not appear in the central count ballot selection, the Canvass board shall audit "Republican for State Treasurer" or "Democrat for Attorney General" in place of the missing races. Please mark the form appropriately. If the MACHINES selected were not used in the election, please contact JOHN GARDNER (303) 860-6971 as soon as possible.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State at: voting.systems@sos.state.co.us. This form must be returned no later than: 5:00pm August 21, 2006.

For Internal Use Only

Phone Number: _____

E-mailed by (name): _____

Email Date and Time: _____

Email Address: _____

(Attach copy of E-mail)

Faxed by (name): _____

Faxed Date and Time: _____

Fax Number: _____

(Attach copy of fax confirmation)